NATIONAL MILITARY FAMILY ASSOCIATION

Together we're stronger

Statement of
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Government Relations Director

of the

NATIONAL MILITARY FAMILY ASSOCIATION

Before the

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Military Personnel

of the

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ARMED SERVICES COMMITTEE

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The National Military Family Association is the leading non-profit organization committed to improving the lives of military families. Our over 40 years of accomplishments have made us a trusted resource for families and the Nation's leaders. We have been at the vanguard of promoting an appropriate quality of life for active duty, National Guard, Reserve, retired service members, their families and survivors from the seven uniformed services: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service and the National Oceanic and Atmospheric Administration.

Association Volunteers and Representatives in military communities worldwide provide a direct link between military families and the Association staff in the Nation's capital. These volunteers are our "eyes and ears," bringing shared local concerns to national attention.

The Association does not have or receive federal grants or contracts.

Our website is: http://www.MilitaryFamily.org.

Kathleen B. Moakler, Government Relations Director

Mrs. Moakler has been associated with the National Military Family Association since 1995 as a member of the headquarters staff. She was permanently appointed to Government Relations Director in October 2007. In that position, she monitors the range of issues relevant to the quality of life of the families of the seven uniformed services and coordinates a staff of 4 deputy directors. Mrs. Moakler represents the interests of military families on a variety of advisory panels and working groups, including the DoD/VA Survivors Forum, and the State Department Interagency Roundtable. Mrs. Moakler is co-chair of the Survivor Programs Committee for the Military Coalition (TMC), a consortium of 34 military and veteran organizations and serves on the Retiree Committee. She is often called to comment on issues pertaining to military families for such media outlets as the NY Times, CNN, NBC News, NPR and the Military Times. She writes regularly for military focused publications.

An Army spouse of over 28 years, Mrs. Moakler has served in various volunteer leadership positions in civilian and military community organizations in that time. She has worked with many military community programs including hospital consumer boards, commanders' advisory boards, family readiness groups, church councils, youth programs, and the Army Family Action Plan at all levels. She believes that communication is paramount in the efficient delivery of services and the fostering of a rich community life for military families. She holds a Bachelor of Science degree in Business Administration from the State University of New York at Albany. Mrs. Moakler has been awarded the Army Commanders Award for Public Service and the President's Volunteer Service Award.

Mrs. Moakler is also a military mom. Her daughter, Megan is an Army nurse who has served two tours in Iraq and is presently stationed at Ft. Sill, Oklahoma, and son, Matthew is an Army major stationed at Ft. Belvoir, Virginia. Her oldest son, Marty, works for Hulu.com and is an aspiring writer/actor in Los Angeles, California. Mrs. Moakler and her husband, Colonel Martin W. Moakler, Jr. USA (retired), reside in Alexandria, Virginia.

Chairman Webb and Distinguished Members of the Subcommittee, the National Military Family Association would like to thank you for the opportunity to present testimony for the record concerning the quality of life of military families – the Nation's families. In the 10th year of war, we continue to see the impact of repeated deployments and separations on our service members and their families. We appreciate your recognition of the service and sacrifice of these families. Your response through legislation to the increased need for support as situations have arisen has resulted in programs and policies that have helped sustain our families through these difficult times.

We recognize, too, the emphasis that the Administration is placing on supporting military families. The work of Mrs. Obama and Dr. Biden in raising awareness of the sacrifices military families are making has been well received by the Nation and appreciated by our families. The American people are beginning to understand how 1 percent of our population in the United States is being called upon to bear 100 percent of the burden of defending our Nation, giving up years of family life together, and how they need the support of the other 99 percent of Americans to continue carrying that burden.

The recent Presidential Study Directive-9, which called on Federal agencies to outline how they are presently or could in the future support military families, reinforced Administration support as well. The vision of the study, as contained in the report *Strengthening Our Military Families, Meeting America's Commitment*, is, "to ensure that:

- The U.S. military recruits and retains the highest-caliber volunteers to contribute to the Nation's defense and security;
- Service members can have strong family lives while maintaining the highest state of readiness;
- Civilian family members can live fulfilling lives while supporting their service member(s); and
- The United States better understands and appreciates the experience, strength, and commitment to service of our military families."

This vision resonates with all that our Association has tried to work for during our forty-two year history. We believe policies and programs should provide a firm foundation for families challenged by the uncertainties of deployment and transformation. Our Association cares about the health and resilience of military families. Innovative and evidence based approaches are essential to address the needs of military children. We realize support for service members and their families is not solely provided by the government. Families promote a service member's well being. Communities uphold the families.

Our Nation did not expect to be involved in such a protracted conflict. Our military families continue to require effective tools and resources to remain strong. We ask Congress, policymakers, and communities to remain vigilant and respond in a proactive manner. Our Nation can express recognition for their sacrifices by promoting the well-being of military families.

We endorse the recommendations contained in the statement submitted by The Military Coalition. In this statement, our Association will expand on several issues of importance to military families:

I. Family Readiness
II. Family Health
III. Family Transitions

I. Family Readiness

Policies, programs and services must adapt to the changing needs of service members and families. Standardization in delivery, accessibility, and funding are essential. Educated and resourced families are able to take greater responsibility for their own readiness. Recognition should be given to the unique challenges facing families with special needs. Support should provide for families of all components, in every phase of military life, no matter where they live.

We appreciate provisions in the National Defense Authorization Acts and Appropriations legislation in the past several years that recognized many of these important issues. Excellent programs exist across the Department of Defense (DoD) and the Services to support our military families. There are redundancies in some areas, and times when a new program was initiated before anyone looked to see if an existing program could be adapted to answer an evolving need. We realize all Americans will be asked to tighten their belts in this time of tighter budgets and some military family programs may need to be downsized or eliminated. We ask your support for programs that do work when looking for efficiencies, rewarding best practices and programs that are truly meeting the needs of families. In this section we will highlight some of these best practices and identify needs.

Child Care

Child care remains a concern for military families, as evidenced by a recent Pew Center on the States survey (*http://www.preknow.org/documents/2011_MilitaryFamiliesSurvey.pdf*). We are pleased that in addition to building new Child Development Centers, DoD and the Services are taking innovative steps to address these concerns.

In December, DoD announced a new pilot initiative in thirteen states aimed at improving the quality of child care within communities, which should translate into increased child care capacity for military families living in geographically dispersed areas. Last year, DoD contracted with SitterCity.com to help military families find caregivers and military subsidized child care providers. The military Services and the National Association of Child Care Resource and Referral Agencies (NACCRRA) continue to partner to provide subsidized child care to families who cannot access installation based child development centers.

At our *Operation Purple® Healing Adventures* camp for families of the wounded, ill and injured, families continue to tell us there is a tremendous need for child care services at or near military treatment facilities. Families need child care to attend medical appointments, especially mental health appointments. Our Association encourages the expansion of drop-in child care for medical appointments on the DoD or VA premises or partnerships with other organizations to provide this valuable service.

We appreciate the requirement in the FY 2010 National Defense Authorization Act calling for a report on financial assistance provided for child care costs across the Services and Components to support the families of service members deployed in support of a contingency operation and we look forward to the results.

Our Association urges Congress to sustain funding and resources to meet the child care needs of military families to include hourly, drop-in, and increased respite care across all Services for families of deployed service members and the wounded, ill, and injured, as well as those with special needs family members.

Working with Youth

Older children and teens must not be overlooked. School personnel need to be educated on issues affecting military students and must be sensitive to their needs. To achieve this goal, schools need tools. Parents need tools, too. Military parents constantly seek more resources to assist their children in coping with military life, especially the challenges and stress of frequent deployments. Parents tell us repeatedly they want resources to "help them help their children." Support for parents in their efforts to help children of all ages is increasing, but continues to be fragmented. New federal, public-private initiatives, increased awareness, and support by DoD and civilian schools educating military children have been developed. However, many military parents are either not aware such programs exist or find the programs do not always meet their needs.

Through our *Operation Purple®* camps, our Association has begun to identify the cumulative effects multiple deployments are having on the emotional growth and well being of military children and the challenges posed to the relationship between deployed parent, caregiver, and children in this stressful environment. Understanding a need for qualitative analysis of this information, we commissioned the RAND Corporation to conduct a longitudinal study on the experience of 1,500 families. RAND followed these families for one year, and interviewed the non-deployed caregiver/parent and one child per family between 11 and 17 years of age at three time points over the year. Recruitment of participants was extremely successful because families were eager to share their experiences. The research addressed three key questions:

- How are school-age military children faring?
- What types of issues do military children face related to deployment?
- How are non-deployed caregivers handling deployment and what challenges do they face?

I In January 2011, RAND released the report, *Views from the Homefront: The Experience of Youth and Spouses from Military Families (http://www.rand.org/pubs/technical_reports/TR913.html),* detailing the longitudinal research findings. The research showed:

- Older teens reported more difficulties during deployment and reintegration.
- Girls reported more difficulties during reintegration.
- There were few differences on military characteristics, but reserve component youth reported more difficulties during deployment.
- Reserve component caregivers reported more challenges with deployment and reintegration.
- The total number of months away mattered more than the number of deployments.
- There is a direct correlation between the mental health of the caregiver and the well-being of the child.
- Quality of family communication mattered to both children and caregiver well-being.

What are the implications of these findings? Families facing longer deployments need targeted support – especially for older teens, girls and the reserve component. Support needs to be in place across the entire deployment cycle, including reintegration, and some non-deployed parents may need targeted mental health support. One way to address these needs would be to create a safe, supportive environment for older youth and teens. Dedicated installation Youth Centers with activities for our older youth would go a long way to help with this. Since many military families, especially those with older children, live off the installation, enhanced partnerships between DoD and national youth-serving organizations are also essential. DoD's current work with the 4-H program is an example of this outreach and support of military children in the community. DoD can encourage other organizations to share outreach strategies and work together to strengthen a network of support for military youth in their civilian communities. We must ensure, however, that, once we have encouraged these community organizations and services to engage with

families, we also encourage installations and installation services to be collaborative and not set up roadblocks to interaction and support.

To address the issues highlighted by our research, our Association hosted a summit in May 2010, where we engaged with experts to develop research-based action items. Our Blue Ribbon Panel outlined innovative and pragmatic ideas to improve the well-being of military families, recognizing it is imperative solutions involve a broad network of government agencies, community groups, businesses, and concerned citizens.

We've published the recommendations from the summit in *Finding Common Ground: A Toolkit for Communities Supporting Military Families.* The toolkit is organized in a format similar to our Association's well-received Military Kids and Teens Toolkits. It contains cards for each of the intended communities—including Educators, Friends and Family, Senior leaders, Employers, and Health Care Providers—whose help is so important to military families. It also contains the summary document with the recommendations formulated by our Blue Ribbon Panel and summit participants.

Our goal was to create a user-friendly resource, with easily-achievable action items and pertinent resources to guide everyone who wants to support military families but may not know how. The toolkit lists concrete actions individuals, organizations, and communities can take to assist and support our military families. We hope that when someone receives a copy, they will go first to the card that most fits their relationship to military families and look for ideas and resources. We then hope they will take the time to explore other cards and the summit summary. While many of the suggested actions are simple, we've also presented some of the tougher things that require the building of partnerships and a longer-term focus. These actions are not exhaustive. It is our hope this toolkit will start conversations and stimulate action. Everyone can contribute – it doesn't need to be complicated or expensive. Just remembering to include military families in outreach is a start.

Our Association feels that more dedicated resources, such as youth or teen centers and enhanced partnerships with national youth-serving organizations, would be important ways to better meet the needs of our older youth and teens during deployment.

Families Overseas

Families stationed overseas face increased challenges when their service member is deployed into theater. One such challenge we have heard from families stationed in EUCOM concerns care for a family member, usually the spouse, who may be injured or confined to bed for an extended illness during deployment. Instead of pulling the service member back from theater, why not provide transportation for an extended family member or friend to come from the States to care for the injured or ill family member? This has been a recommendation from the EUCOM Quality of Life conference for several years.

Our Association asks that transportation be provided for a designated caregiver to an overseas duty station to care for an incapacitated spouse when a service member is deployed.

Military Housing

In our recent study conducted by RAND, researchers found that living in military housing was related to fewer caregiver-reported deployment-related challenges. Fewer caregivers who lived in military housing reported their children had difficulties adjusting to parent absence (e.g., missing school activities, feeling sad, or not having peers who understand what their life is like) as compared to caregivers who rented homes. The study team explored the factors that determine a military family's housing situation in more detail. Among the list of potential reasons provided for the question, "Why did you choose to rent?"

researchers found that the top three reasons parents/caregivers cited for renting included: military housing was not available (31%), renting was most affordable (28%), and preference to not to invest in the purchase of a home (26%).

Privatized housing expands the opportunity for families to live on the installation and is a welcome change for military families. We are pleased with the annual report that addresses the best practices for executing privatized housing contracts. As privatized housing evolves, the Services are responsible for executing contracts and overseeing the contractors on their installations. With more joint basing, more than one Service often occupies an installation. The Services must work together to create consistent policies not only within their Service, but across the Services as well. Pet policies, deposit requirements, and utility policies are some examples of differences across installations and across Services. How will Commanders address these variances under joint basing? Military families face many transitions when they move, and navigating the various policies and requirements of each contractor is frustrating and confusing. It's time for the Services to increase their oversight and work on creating seamless transitions by creating consistent policies across the Services.

We are pleased the FY 2010 NDAA calls for a report on housing standards and housing surveys used to determine the Basic Allowance for Housing (BAH) and look forward to reviewing the recommendations once the report is available. We hope Congress will work to address BAH inequities.

We ask Congress to consider the importance of family well-being by addressing BAH inequities.

Commissaries and Exchanges

Our Association thanks this Subcommittee for holding two hearings this year to discuss the importance of sustaining Morale, Welfare, and Recreation (MWR) programs and the commissary and exchange systems. We thank you, Mr. Chairman, for emphasizing the importance of MWR "as essential elements within a healthy military community." We agree with you that these programs must not "become easy targets for the budget cutters." The military resale hearing reinforced the importance of the commissary and exchange and stressed the need for them to remain fiscally sound without reducing the benefit to military families. Our Association couldn't agree more and appreciates the Subcommittee's commitment to preserving these quality programs for military families, especially during this era of increased budget austerity.

Our Association is concerned about one issue raised at the recent resale hearing: the potential negative repercussions of the *Tax Increase Prevention and Reconciliation Act* of 2005 (TIPRA) on the military community. This legislation included a provision, Section 511, mandating federal, state, and local governments to withhold three percent from payments for goods and services to contractors after December 31, 2010. While the implementation has been delayed until December 31, 2011, we believe this withholding requirement will have a direct impact on military families. We believe vendors who provide products sold in exchanges and commissaries will end up passing on the implementation costs to patrons and will be less willing to offer deals, allowances, promotions, and prompt payment discounts, which will thus diminish the value of the benefit for military families. The implementation costs for the exchange systems may also result in reduced dividends for MWR programs, which already operate on tight budgets. Although our Association realizes this tax issue does not fall under the Armed Services Committee jurisdiction, we ask Congress to repeal Section 511 of TIPRA in order to protect this important benefit for military families. If full repeal is not possible, we urge Congress to exempt the Defense Commissary Agency, Exchanges and MWR programs from the withholding requirement. Military families, who have borne the burden of this war for nearly ten

years, should not have to incur additional costs at commissaries and exchanges due to the effects of this law, which will compromise their quality of life programs when they need them most.

The commissary benefit is a vital part of the compensation package for service members and retirees, and is valued by them, their families, and survivors. Our surveys and those conducted by DoD indicate that military families consider the commissary one of their most important benefits. In addition to providing average savings of more than 30 percent over local supermarkets, commissaries provide a sense of community. Commissary shoppers gain an opportunity to connect with other military families and are provided with information on installation programs and activities through bulletin boards and publications. Commissary shoppers also receive nutritional information through commissary promotions and campaigns, as well as the opportunity for educational scholarships for their children.

Active duty and reserve component families have benefitted greatly from the addition of case lot sales. Our Association thanks Congress for allowing the use of proceeds from surcharges collected at these sales to help defray their costs. Case lot sales continue to be extremely well received and attended by family members not located near an installation. According to Army Staff Sgt. Jenny Mae Pridemore, quoted in the *Charleston Daily Mail*, "We don't have easy access to a commissary in West Virginia and with the economy the way it is everyone is having a tough time. The soldiers and the airmen really need this support." On average, case lot sales save families between 40 and 50 percent compared to commercial prices. This provides tremendous financial support for our remote families, and is a tangible way to thank them for their service to our Nation.

In addition to commissary benefits, the military exchange system provides valuable cost savings to members of the military community, while reinvesting their profits in essential MWR programs. Our Association strongly believes that every effort must be made to ensure that this important benefit and the MWR revenue is preserved, especially as facilities are down-sized or closed overseas.

Our Association urges Congress to continue to protect the commissary and exchange benefits, and preserve the MWR revenue all of which are vital to maintaining a health military community.

We also ask Congress to repeal Section 511 of TIPRA. If full repeal is not achievable, we urge Congress to exempt the Defense Commissary Agency, Exchanges and MWR programs from this withholding requirement.

National Guard and Reserve

Our Association has long recognized the unique challenges our National Guard and Reserve families face and their need for additional support. Reserve component families are often geographically dispersed, live in rural areas, have service members deployed as individual augmentees, and do not consistently have the same family support programs as their active duty counterparts. According to the research conducted for us by the RAND Corporation, spouses of service members in the National Guard and Reserves reported poorer emotional well-being and greater household challenges than their full-time active duty peers. Our Association believes that greater access to resources supporting National Guard and Reserve caregivers is needed to further strengthen our reserve component families.

We appreciate the great strides that have been made in recent years by both Congress and the Services to help support our reserve component families. Our Association would like to thank Congress for the FY 2011 NDAA provision authorizing travel and transportation for members of the Uniformed Services and up to three designees to attend Yellow Ribbon Reintegration Program events, and for the provision enhancing the Yellow Ribbon Reintegration Program by authorizing service and state-based programs to

provide access to all service members and their families. We appreciate your ongoing support of the Yellow Ribbon Reintegration Program and ask that you continue funding this quality of life program for reserve component families.

Our Association is gratified that family readiness is now seen as a critical component to mission readiness. We have long believed that robust family programs are integral to maintaining family readiness, for both our active duty and reserve component families. We are pleased the Department of Defense Reserve Family Readiness Award recognizes the top unit in each of the Reserve Components that demonstrate superior family readiness and outstanding mission readiness.

Our Association asks Congress to continue funding the Yellow Ribbon Reintegration Program and stresses the need for greater access to resources supporting our Reserve Component caregivers.

Flexible Spending Accounts

Congress has provided the Armed Forces with the authority to establish Flexible Spending Accounts (FSA), yet the Service Secretaries have not established these important tax savings accounts for service members. We are pleased H.R. 791 and S. 387 have been introduced to press each of the seven Service Secretaries to create a plan to implement FSAs for uniformed service members. FSAs were highlighted as a key issue presented to the Army Family Action Plan at their 2011 Department of the Army level conference. FSAs would be especially helpful for families with out-of-pocket dependent care and health care expenses. It is imperative that FSAs for uniformed service members take into account the unique aspects of the military lifestyle, such as Permanent Change of Station (PCS) moves and deployments, which are not compatible with traditional FSAs. We ask that the flexibility of a rollover or transfer of funds to the next year be considered.

Our Association supports Flexible Spending Accounts for uniformed service members that account for the unique aspects of military life including deployments and Permanent Change of Station moves.

Financial Readiness

Ongoing financial literacy and education is critically important for today's military families. Military families are not a static population; new service members join the military daily. For many, this may be their first job with a consistent paycheck. The youthfulness and inexperience of junior service members makes them easy targets for financial predators. Financial readiness is a crucial component of family readiness. The Department of Defense Financial Readiness Campaign brings financial literacy to the forefront and it is important that financial education endeavors include military families.

Our Association looks forward to the establishment of the Office of Service Member Affairs this July. We encourage Congress to monitor the implementation of this office to ensure it provides adequate support to service members and their families. Military families should have a mechanism to submit a concern and receive a response. The new office must work in partnership with DoD.

Military families are not immune from the housing crisis. We applaud Congress for expanding the Homeowners' Assistance Program to wounded, ill, and injured service members, survivors, and service members with Permanent Change of Station orders meeting certain parameters. We have heard countless stories from families across the nation who have orders to move and cannot sell their home. Due to the mobility of military life, military homeowners must be prepared to be a landlord. We encourage DoD to continue to track the impact of the housing crisis on military families.

We appreciate the increase to the Family Separation Allowance (FSA) that was made at the beginning of the war. In more than ten years, however, there has not been another increase. We ask that the

Family Separation Allowance be indexed to the Cost of Living Allowance (COLA) to better reflect rising costs for services.

Our Association asks Congress to increase the Family Separation Allowance by indexing it to COLA.

Continuing Resolution

As Congress begins the debate over the FY 2012 budget, our Association is concerned about the impact of the Continuing Resolution and the lack of an FY 2011 Defense Appropriations law on our military families. DoD has been forced to operate under Continuing Resolutions for more than five months. Short extensions do not allow the Services to adequately plan to fund upcoming programs or support services that are critical to supporting service members and their families. In March, Deputy Secretary of Defense William J. Lynn, III testified before the Senate Appropriations Committee Subcommittee on Defense and provided one example of how the Continuing Resolution is negatively impacting military families. In his written testimony, he stated, "Because of the [Continuing Resolution], the Navy has had to reduce its notice of Permanent Change of Station moves from the usual six months to two, which hurts Navy personnel and puts a greater strain on their families." Without final orders in hand, a service member is not able to prepare his family for a move by requesting medical records, school transcriptions, arrange the movement of household goods, or put their name of the housing waiting list. This is one example of a myriad of programs which have been reduced or cut because they do not have funds to operate. A series of Continuing Resolutions hurts our military families. Our Association recommends Congress work quickly to pass the FY 2011 Defense Appropriations Act.

Our Association urges Congress to pass the Defense Appropriations Act for FY11 immediately. Funding delays cause the Services to cut essential programs, which negatively impacts military families.

II. Family Health

When considering changes to the health care benefit, our Association urges policymakers to recognize the unique conditions of service and the extraordinary sacrifices demanded of military members and families. Repeated deployments, caring for the wounded, and the stress of uncertainty create a need for greater access to professional behavioral health care for all military family members.

Family readiness calls for access to quality health care and mental health services. Families need to be assured the various elements of their military health system are coordinated and working as a synergistic system. The direct care system of Military Treatment Facilities (MTFs) and the purchased care segment of civilian providers under the TRICARE contracts must work in tandem to meet military readiness requirements and ensure they meet access standards for all military beneficiaries.

Improving Access to Care

Our Association continues to monitor the experience of military families with accessing care within both the direct care and purchased care segments of the Military Health System (MHS). We are concerned our MTFs are stressed from ten years of provider deployments, which directly affects the quality, access, and cost of health care. We have consistently heard from families that their greatest health care challenge has been getting timely care in both the direct and the purchased care systems. Their main challenges with the direct care system are:

- access to their Primary Care Managers (PCM)
- availability of after-hours care

- having appointments available in MTFs for 60, 90, or 120-day follow-ups recommended by their providers.

Beneficiaries' main challenges with the purchased care system, according to TRICARE's *Health Care Survey of DoD Beneficiaries 2009 Annual Report,* are difficulty in accessing personal doctors and specialty care.

Our Association hears frequent complaints by families regarding the referral process. Families are often unfamiliar with the process at their MTF and in their TRICARE region and frequently report difficulties in obtaining an appointment within access standards. Often, they find that a provider on the TRICARE Managed Care Support Contractor's list is no longer taking TRICARE or taking new patients. The difficulties sometimes cause the beneficiary to give up on the referral process and never obtain the specialty appointment their PCM believes they need. Our Association is concerned with the impact these delays or the lack of even getting the referral is having on the quality of care and beneficiary outcome. We cannot stress enough how continuity of care is important to maintain our families' quality of care. We recommend Congress require a DoD report on the management of the referral process—both within the direct care system and between the direct care and purchased care sectors—and the impact on beneficiaries' access to care.

We see even more issues ahead that could affect beneficiary access. The TRICARE Management Activity (TMA) will roll out the new TRICARE Third Generation (T3) contract in the TRICARE North Region beginning April 2011. At that time, the remaining two TRICARE Regions will still be operating under the existing TRICARE Next Generation (T-Nex) contract. Because of the recent announcement of a T3 award change in the South Region and subsequent protest filed, full T3 implementation will remain in a holding pattern, preventing contractors' renegotiation with approximately 66 percent of our civilian TRICARE providers. With the demands and uncertainties to providers in regards to health care reform's added requirements and expenses along with looming Medicare reimbursement rate changes, we are concerned about providers' long-term willingness to remain in the TRICARE network and about the contractors' ability to recruit new providers. Thus, the combination of factors may result in a decreased access to care for military families.

National Guard and Reserve Member Family Access to Care

We remain especially concerned about access to care for National Guard and Reserve families. These families also need increased education about the multiple types of TRICARE health care benefits in which they are eligible to participate. We recommend Congress request a report to assess the coordination and continuity of health care services for National Guard and Reserve families as they frequently move from activated TRICARE Prime coverage to non-activated status and TRICARE Reserve Select (TRS) or their employer civilian health care insurance plans. We also believe that paying a stipend to a mobilized National Guard or Reserve member for their family's coverage under their employer-sponsored insurance plan while the service member is mobilized may work out better for many families in areas where the TRICARE network may not be robust.

TRICARE Reimbursement

Our Association is concerned that continuing pressure to lower Medicare reimbursement rates will create a hollow benefit for TRICARE beneficiaries. We are appreciative Congress passed the *Medicare and Medicaid Extenders Act of 2010* (P.L.111-309), which provided a one-year extension of current Medicare physician payment rates until December 31, 2011. As the 112th Congress takes up Medicare legislation this year, we ask you to consider how this legislation will impact military health care, especially our most vulnerable populations, our families living in rural communities, and those needing access to mental health services.

While we have been impressed with the strides TMA and the TRICARE contractors are making in adding providers, especially mental health providers to the networks, we believe more must be done to persuade health care and mental health care providers to participate and remain in the TRICARE system, even if that means DoD must raise reimbursement rates. We frequently hear from providers who will not participate in TRICARE because of what they believe are time-consuming requirements and low reimbursement rates. National provider shortages in the mental health field, especially in child and adolescent psychology, are exacerbated in many cases by low TRICARE reimbursement rates, TRICARE rules, or military-unique geographic challenges, such as large military beneficiary populations in rural or traditionally-underserved areas. Many mental health providers are willing to see military beneficiaries on a voluntary status. We need to do more to attract mental health providers to join the TRICARE network. Increasing reimbursement rates is just one way of enticing them.

We recommend Congress require a DoD report on the impact on beneficiaries of the MHS referral process.

We ask Congress also to require a report assessing the coordination and continuity of health care services for National Guard and Reserve families as they transition from one TRICARE status to another.

Lastly, we ask for a legislative change to allow reserve component families to be given the choice of a stipend to continue their employer-provided care during the deployment of the service member.

Pharmacy

For several years now, our Association has cautioned about DoD generalizing findings of certain civilian beneficiary pharmacy behaviors and automatically applying them to the military population. As part of the President's FY 2011 Budget proposal, DoD recently announced it would adjust certain pharmacy co-payments. DoD's intent is to drive beneficiaries away from Retail pharmacies and toward TRICARE Mail Order Pharmacy (TMOP) utilization, which should lower government costs and increase DoD savings. Our Association has long championed a zero co-payment for generic Tier 1 medications in TMOP and we applaud DoD's proposal to implement this as one of their cost-saving measures. While we believe the rationale behind the proposed changes is sound, we request that Congress require DoD to report on how these changes impact beneficiary behavior and health care quality outcomes.

We do have some concerns with the proposed increase in co-payments for retail formulary and non-formulary medications and the impact this increase will have on beneficiaries who have no choice but to rely on the retail pharmacy for urgent non-maintenance medications. For example, the young families of deployed National Guard or Reserve members or recruiters usually do not live close to an MTF pharmacy. When their child needs an antibiotic for an urgent medical condition, such as pneumonia or an ear infection, they have no other option than the retail pharmacy. Currently, they pay $3 for a course of a generic antibiotic treatment; under DoD's proposal, they would pay $5. Beneficiaries who need certain medications not suited for TMOP because they are a narcotic or their chemical compound is not suitable for home delivery would also pay more under DoD's proposal.

We are also concerned about the effect of the proposed co-pay changes on our wounded, ill, and injured service members and those already medically retired. This population may be adversely affected because of the frequent alteration to their medication protocols by their health care providers in order to achieve optimum medical benefits for their often-changing medical conditions. Their medications may appear to be a maintenance drug, but are actually intended to be a used only for short-term relief. Sending them to the mail order for a 90-day supply just because the co-payment is less may in fact cost the

beneficiary and the government more because of frequent changes in doses. Many of the prescriptions needed by the wounded are for newly FDA-approved medications, which will most likely place them in non-Formulary Tier 3 status. This may place an unfair financial burden on this population because they tend to utilize a higher number of medications.

Beneficiaries who have no choice in where they must obtain their medications should not be subjected to co-payment increases aimed at changing the behavior of those who do have choices. DoD must consider the possible effects of its co-payment changes as it plans for implementation and may need to devise alternative co-payment adjustments to protect beneficiaries during these situations. We look forward to discussing potential options with Members of Congress and DoD.

In addition to the elimination of the TMOP co-payment for generic drugs as an enticement for beneficiaries to switch maintenance medications from retail to TMOP, we believe there are additional ways DoD could experience increased pharmacy savings. These include:

- Make all medications available through TRICARE Retail pharmacy also available through TRICARE Mail Order Pharmacy (TMOP)
- Provide medications treating chronic conditions, such as asthma, diabetes, and hypertension at the lowest level of co-payment regardless of brand or generic status
- Implement *The Task Force on the Future of Military Health Care* recommendation to include over-the-counter (OTC) drugs as a covered pharmacy benefit, thus eliminating the need for more costly pharmaceuticals that have the same efficacy as over-the-counter options.

The new T3 contract will provide TRICARE regional contractors and the pharmacy contractor with the ability to link pharmacy data with disease management. This will allow for better case management, increase adherence/compliance, and decrease cost, especially for beneficiaries suffering from chronic illness and multiple conditions. However, this valuable tool will only be available this year in the TRICARE North Region because the T3 contract still remains under protest in the remaining two Regions.

We applaud the proposed changes to co-payments for TMOP participants as a way to drive more beneficiaries to TMOP to increase DoD efficiencies. We support the rationale behind proposed changes to the co-payments for the Retail pharmacy, but caution that beneficiaries should not be penalized for the purchase of urgent, non-maintenance drugs or those drugs not available via mail order.

National Health Care Proposal

Our Association is cautious about the changes contained in the *Patient Protection and Affordable Care Act* (P.L. 111-148) and their potential impact on TRICARE and CHAMPVA. We thank Congress for including a provision in the NDAA FY11 to allow TRICARE to provide coverage for TRICARE eligible young adult beneficiaries up to the age of 26. Military families have been asking for this added benefit. We await its implementation and are appreciative that DoD is working hard to ensure TRICARE Young Adult (TYA) Standard/Extra coverage is made available before beneficiaries' college age students graduate this May. We appreciate the inclusion of a TRICARE Young Adult Prime option by Congress and look forward to its implementation this fall, as well. We understand DoD is addressing the issue of access to MTFs for those eligible TYA Prime non-ID card holders. However, we still need Congressional action to allow CHAMPVA coverage for eligible young adults up to the age of 26.

Congress needs to act to provide health care coverage to young adults, up to the age of 26, who are eligible for CHAMPVA.

Cost Saving Strategies in the 2012 Budget

We appreciate DoD's continued focus on cost savings strategies in the 2012 budget. DoD's proposed TRICARE changes include a change in enrollment fees for TRICARE Prime for under age 65 retirees and a change in pharmacy co-pays. DoD should also incur savings through better management of health care costs. Our Association has always supported a mechanism to provide for modest increases to TRICARE Prime enrollment fee for retirees under age 65. TRICARE Prime, the managed care option for military beneficiaries, provides guaranteed access, low out of pocket costs, additional coverage, and more continuity of care than the basic military health benefit of TRICARE Standard. The annual enrollment fee of $230 per year for an individual retiree or $460 for a family has not been increased since the start of TRICARE Prime in 1995.

We agree that DoD's proposed FY 2012 increase of $5 per month per family and $2.50 per month per individual plan is indeed modest. We applaud DoD for deciding not to make any changes to the TRICARE benefit for active duty, active duty family members, medically retired service members, and survivors of service members and for not making any changes to the TRICARE Standard and TRICARE for Life (TFL) benefit.

We have some concerns regarding DoD's selection of a civilian-based index in determining TRICARE Prime retiree enrollment fee increases after 2012. Our Association has always supported the use of Cost of Living Allowance (COLA) as a yearly index tied to TRICARE Prime retiree enrollment fee increases. We believe if DoD thought the rate of $230 for individual and $460 for family was appropriate in 1995, then yearly increases tied to COLA would maintain that same principle. Our objection to the utilization of a civilian index is based on our concern that civilian health care experts cannot agree on an accurate index on which to base civilian health care yearly cost increases. The *Task Force on the Future of Military Health Care* "strongly recommended that DoD and Congress accept a method for indexing that is annual and automatic." However, the Task Force recommended "using a civilian-only rather than total cost (including civilian and MTF costs for Prime beneficiaries) because the Task Force and DoD have greater confidence in the accuracy of the civilian care data and its auditability." We ask Congress to adopt the Task Force's DoD accountability recommendation and require DoD to become more accurate and establish a common cost accounting system across the MHS. Until it can do so, however, we believe increases tied to COLA are the most fair to beneficiaries and predictable for DoD.

We do not support DoD's budget proposal to change the U.S. Family Health Plan (USFHP) eligibility, asking newly enrolled beneficiaries to transition from USFHP once they become Medicare/TRICARE for Life eligible. Our Association believes USFHP is already providing TMA's medical home model of care, maintaining efficiencies, capturing savings, and improving patient outcomes. Every dollar spent in preventative medicine is captured later when the onset of beneficiary co-morbid and chronic diseases are delayed. It is difficult to quantify the long-term savings not only in actual cost to the health care plan—and thus to the government—but to the improvement in the quality of life for the beneficiary. Removing beneficiaries from USFHP at a time when they and the system will benefit the most from their preventative and disease management programs would greatly impact the continuity and quality of care to our beneficiaries and only cost shift the cost of their care from one government agency to another. Almost all USFHP enrollees already purchase Medicare Part B in case they decide to leave the plan or spend long periods of time in warmer parts of the country. There must be another mechanism in which beneficiaries would be allowed to continue in this patient-centered program. USFHP also meets the *Patient Protection and Accountability Care Act*'s definition of an Accountable Care Organization. They certainly have the model of care desired by civilian health care experts and should be used by DoD as a method to test best-practices that can be implemented within the direct care system.

Our Association understands the need for TRICARE to align itself with Medicare reimbursement payments. DoD's proposal to implement reimbursement payment for Sole Community Hospitals is another example of its search for efficiencies. According to TMA, 20 hospitals that serve military beneficiaries could be affected by this change. We appreciate the four-year phased-in approach. However, our Association recommends Congress encourage TMA to reach out to these hospitals and provide waivers if warranted and provide oversight to ensure beneficiaries aren't unfairly impacted by this proposal.

Our Association approves of DoD's modest increase to TRICARE Prime enrollment fees for working age retirees.

We recommend that future increases to TRICARE Prime enrollment fees for working age retirees be indexed to retired pay cost of living adjustments.

We recommend that Medicare-eligible beneficiaries using the USFHP be allowed to remain in the program.

We recommend Congress encourage TMA to reach out to Sole Community hospitals serving large numbers of military beneficiaries and provide waivers if warranted.

Other Cost Saving Proposals

We ask Congress to establish better oversight for DoD's accountability in becoming more cost-efficient. We recommend:

- Requiring the Comptroller General to audit MTFs on a random basis until all have been examined for their ability to provide quality health care in a cost-effective manner
- Creating a committee, similar in nature to the Medicare Payment Advisory Commission, to provide oversight of the DoD Military Health System (MHS) and make annual recommendations to Congress. *The Task Force on the Future of Military Health Care* often stated it was unable to address certain issues not within their charter or within the timeframe in which they were commissioned to examine the issues. This Commission would have the time to examine every issue in an unbiased manner.
- Establishing a Unified "Joint" Medical Command structure. This was recommended by the Defense Health Board in 2006 and 2009 and included in the U.S. House Armed Service Committee's FY11 NDAA proposal and passed by the House of Representatives.

We are supportive of TMA's movement toward a medical home model of patient and family-centered care within the direct and purchase care systems. An integrated health care model, where beneficiaries will be seen by the same health care team focused on well-being and prevention, is a well-known cost saver for health care expenditures. Our concern is with the individual Services' interpretation of the medical home model and its ability to truly function as designed. Our MTFs are still undergoing frequent provider deployments; therefore, the model must be staffed well enough to absorb unexpected deployments to theater, normal staff rotation, and still maintain continuity of providers within the medical home.

Our Association believes right-sizing to optimize MTF capabilities through innovating staffing methods; adopting coordination of care models, such as medical home; timely replacement of medical facilities utilizing "world class" and "unified construction standards;" and increased funding allocations, would allow more beneficiaries to be cared for in the MTFs. This would be a win-win situation because it increases MTF capabilities, which DoD asserts is the most cost effective. It also allows more families, who state they want to receive care within the MTF, the opportunity to do so. The Task Force made

recommendations to make the DoD MHS more cost-efficient, which we support. They conclude the MHS must be appropriately sized, resourced, and stabilized and make changes in its business and health care practices. We encourage Congress to include the recommendations of the *Task Force on the Future of Military Health Care* in this year's FY12 NDAA. These include:

- Restructuring TMA to place greater emphasis on its acquisition role
- Examining and implementing strategies to ensure compliance with the principles of value-driven health care
- Incorporating health information technology systems and implementing transparency of quality measures and pricing information throughout the MHS (This is also a civilian health care requirement in the recently passed *Patient Protection and Affordable Care Act.*)
- Reassessing requirements for purchased care contracts to determine whether more cost effective strategies can be implemented
- Removing systemic obstacles to the use of more efficient and cost-effective contracting strategies.

Behavioral Health Care

Our Nation must help returning service members and their families cope with the aftermath of war. DoD, the Department of Veterans Affairs (VA), and State agencies must partner in order to address behavioral health issues early in the process and provide transitional mental health programs, especially during Permanent Change of Station (PCS) moves. Partnering will also capture the National Guard and Reserve member population, who often straddle these agencies' health care systems.

Full Spectrum of Care

As the war continues, the call from families who need a full spectrum of behavioral health services—from preventative care and stress reduction techniques, to counseling and medical mental health services—is growing louder. The military offers a variety of psychological health services, both preventative and treatment, across many agencies and programs. However, as service members and families experience numerous lengthy and dangerous deployments, we believe the need for confidential, preventative psychological health services will continue to rise. More importantly, this need will remain high even after military operations scale down.

The rise in suicides among our active duty and reserve component service members demonstrates the need for these mental health services are at dangerous levels. In the research they conducted for us, RAND found military children reported higher anxiety signs and symptoms than their civilian counterparts. A recent study by Gorman, et. al (2010), *Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints,* found an 11 percent increase in outpatient mental health and behavioral health visits for children from the ages of 3-8 during 2006-2007. There was an 18 percent increase in pediatric behavioral health and a 19 percent increase in stress disorders when a parent was deployed. They also found an 11 percent decrease in all other health care related visits. Additional research has found an increase in mental health services by non-deployed spouses during deployment. A study of TRICARE claims data from 2003-2006 published last year by the *New England Journal of Medicine* showed an increase in mental health diagnoses among Army spouses, especially for those whose service members had deployed for more than one year.

Our research also found the mental health of the caregiver directly affects the overall well-being of the children. Therefore, we need to treat the family as a unit as well as individuals. Communication is key in maintaining family unit balance, especially during the deployment phase. Our study also found a direct correlation between decreased communication and an increase in child and/or caregiver issues during

deployment. Research is beginning to validate the high level of stress and mental strain our military families are experiencing.

Access to Behavioral Health Care

The body of research focusing on the increased levels of anxiety and utilization of mental health services and medication causes our Association to be even more concerned about the overall shortage of mental health providers in TRICARE's direct and purchased care network. DoD's *Task Force on Mental Health* stated timely access to the proper psychological health provider remains one of the greatest barriers to quality mental health services for service members and their families. The Army Family Action Plan (AFAP) identified mental health issues as their number three issue for 2010.

While TMA reports significant progress by the TRICARE contractors in adding to the numbers of mental health providers in the networks, these numbers do not automatically translate into a corresponding increase in access. A recently published report in the March 2011 issue of *Military Medicine*, "Access to Mental Health Services for active duty and National Guard TRICARE Enrollees in Indiana," found that only 25 percent of mental health providers listed in the TRICARE contractor's provider list were accepting new TRICARE beneficiaries. Researchers stated the number one barrier to active duty and reserve component service members, and their families in obtaining mental health care in Indiana was the accuracy of the TRICARE mental health provider list. Our Association often hears from families about the number of times they contact network providers using the TRICARE provider list only to find the providers cannot meet access standards, are no longer taking TRICARE, or are not taking new TRICARE patients. This study validated what the *Task Force on Mental Health* heard from families during their investigation. Provider lists must be up-to-date in order to handle real time demands by military families.

While families are pleased more military mental health providers are available in theater to assist their service members, they are disappointed with the resulting limited access to providers at home. Families report they are being turned away from obtaining appointments at their MTFs and clinics and told to seek services elsewhere. The military fuels the shortage by deploying its mental health providers, even its child and adolescent psychology providers, to combat zones.

Family members are a key component to a service member's psychological well-being. They must be included in mental health counseling and treatment programs for service members. Families want to be able to access care with a mental health provider who understands or is sympathetic to the issues they face. We recommend an extended outreach program to service members, veterans, and their families of available mental health resources through DoD and VA with providers who inherently understand military culture. We appreciate the VA allowing family member access to Vet Centers; however, we encourage them to develop more family-oriented programs. DoD must also look beyond its own resources to increase mental health access by working with other government agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), especially SAMHSA's Military Families Strategic Initiative, and encourage State agencies to provide their already established services and programs to service members, veterans, and family members. DoD must also educate these other agencies about military culture to make the providers more effective in their support.

Frequent and lengthy deployments create a sharp need in mental health services by family members and service members as they get ready to deploy and after their return. Embedding mental health providers in medical home modeled clinics will allow easier access for our families. There is also an increase in demand in the wake of natural disasters, such as hurricanes and fires. DoD must maintain a flexible pool of mental health providers that can increase or decrease rapidly in numbers depending on demand on the MHS

side. Currently, Military Family Life Consultants and Military OneSource counseling are providing this type of preventative and entry-level service for military families. The web-based TRICARE Assistance Program (TRIAP) offers another vehicle for non-medical counseling, especially for those who live far from counselors. The military Services, along with military family members, need to be more aware of resources along the continuum of mental health support. Families need the flexibility of support in both the MHS and family support arenas, as well as coordination of support between these two entities.

There are other barriers to access for some in our population. Many already live in rural areas, such as our Guard and Reserve, or they will choose to relocate to rural areas lacking available mental health providers. We need to address the distance issues families face in finding mental health resources and obtaining appropriate care. Isolated service members, National Guard and Reserve, veterans, and their families do not have the benefit of the safety net of services and programs provided by MTFs, military installation based support programs, VA facilities, Community-Based Outpatient Centers, and Vet Centers. We hear the National Guard Bureau's Psychological Health Services (PHS) has not been established in all 50 states and is not working as designed to address members' mental health issues. We recommend that this program be evaluated to determine its effectiveness. We recommend the use of alternative treatment methods, such as telemental health; increasing mental health reimbursement rates for rural areas; modifying licensing requirements in order to remove geographic practice barriers that prevent mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture.

The Defense Centers of Excellence is providing a transition benefit for mental health services for active duty service members, called *inTransition*. Our Association recommends this program be expanded to provide the same benefit to active duty spouses and their children. Families often complain about the lack of seamless transition of care when they PCS. This program will not only provide a warm hand-off between mental health providers when moving between and within Regions, but more importantly, enable mental health services to begin during the move, when families are between duty stations and most venerable.

The Mental Health Needs of Military Children

Our Association is concerned about the impact of deployment and/or the injury of the service member is having on our most vulnerable population, children of our military service members and veterans. Our study on the impact of the war on caregivers and children found deployments are creating layers of stressors, which families are experiencing at different stages. Teens especially carry a burden of care they are reluctant to share with the non-deployed parent in order to not "rock the boat." They are often encumbered by the feeling of trying to keep the family going, along with anger over changes in their schedules, increased responsibility, and fear for their deployed parent. Children of the National Guard and Reserve face unique challenges since most do not live near a military installation. Our research found they have more difficulty with deployments and reintegration than their active duty counterpart.

Our study respondents stated their communities did not understand what it was like to be military, and youth reported feeling misunderstood by people in their schools. We hear that school systems are generally unaware of this change in focus within these family units and are ill prepared to spot potential problems caused by these deployments or when an injury occurs.

Also vulnerable are children who have disabilities that are further complicated by deployment or subsequent injury of the service members. Their families find stress can be overwhelming, but are afraid to reach out for assistance for fear of retribution to the service member's career. They often choose not to seek

care for themselves or their families. We appreciate the inclusion of a study on the mental health needs of military children in the FY10 NDAA and look forward to the findings.

Suicide

Our Association recognizes the action being taken by the Services and the VA to address the rising number of suicides in active duty, National Guard and Reserve service members, and veterans. We appreciate the Army's recent suicide report and the *DoD Suicide Prevention Task Force* report. However, we are concerned that military and veteran families were not included when examining suicides. We have no idea whether families are also experiencing a rise in suicides and outpacing their civilian counterparts. Therefore, we recommend Congress require a DoD report on the number of family members who committed suicide, made a suicide attempt, or reported suicidal thoughts.

We encourage Congress to direct DoD to include a mental health screening of military families each time they visit their primary health care provider. Providers should inquire about whether or not the family is experiencing a loved one's deployment. We also recommend DoD offer a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for service members).

Caregiver Burnout

In the tenth year of war, care for the caregivers must become a priority. There are several levels of caregivers. Our Association hears from the senior officer and enlisted spouses who are so often called upon to be the strength for others. We hear from the health care providers, educators, rear detachment staff, chaplains, and counselors who are working long hours to assist service members and their families. They tell us they are overburdened, burnt out, and need time to recharge so they can continue to serve these families. These caregivers must be afforded respite care, given emotional support through their command structure, and be provided effective family programs. DoD should also take the opportunity to gather lessons learned and identify effective resiliency strategies deployed by our senior leaders and their spouses for future applications.

Many providers have just returned home after completing a combat tour, only to be overwhelmed by treating active duty members, retirees, and their families. It can lead to provider compassion fatigue and create burnout. Our Association would like to be assured DoD is allowing these providers adequate dwell time and time to reintegrate with their families before returning to work. Beneficiaries rely heavily on MTF providers for their care, especially mental health, and need them to be fully ready to care for them. Providers must also be provided the opportunity to sharpen their practice skills, which may have not been used while serving in a combat zone. If they are not adequately addressed, this situation has the potential to negatively impact both the provider's ability to provide quality care and the beneficiary to receive quality care. We recommend Congress ask for a study to examine the impact the war is having on our MHS active duty providers and their families.

Educating Those Who Care for Service Members and Families

The families of service members and veterans must be educated about the effects of Traumatic Brain Injury (TBI), Post-Traumatic Stress (PTS), Post-Traumatic Stress Disorder (PTSD), and suicide in order to help accurately diagnose and treat the service member/veteran's condition. These families are on the "sharp end of the spear" and are more likely to pick up on changes attributed to either condition and relay this information to their health care providers. Programs are being developed by each Service. However, they are narrow in focus targeting line leaders and health care providers, but not broad enough to capture our

military family members and the communities they live in. As Services roll out suicide prevention programs, we need to include our families, communities, and support personnel.

The DoD, VA, and State agencies must educate their health care and mental health professionals of the effects of mild Traumatic Brain Injury (mTBI) in order to help accurately diagnose and treat the service member's condition. They must be able to deal with polytrauma—PTS and PTSD in combination with mTBI and multiple physical injuries.

DoD, working with the TRICARE Managed Care Support Contractors and Service medical leadership, must reach out to educate civilian health care providers on how to identify signs and symptoms of mTBI, PTS, and PTSD. It must educate them about our military culture. We recommend a course on military culture be required in all health care and behavioral health care college curriculums and to offer a TMA approved military culture Continuing Education Unit (CEU) for providers who have already graduated. TMA should incentivize providers to take these courses.

Reintegration

Reintegration programs become a key ingredient in the family's success. Our Association believes we need to focus on treating the whole family with programs offering readjustment information, education on identifying stress, substance abuse, suicide, and traumatic brain injury, and encouraging them to seek assistance when having financial, relationship, legal, and occupational difficulties. We appreciate the inclusion in the FY10 NDAA for education programs targeting pain management and substance abuse for families, especially as DoD reports an increase in medication-related deaths and prescription-related substance use. We recommend Congress request DoD report on its outreach and the effectiveness of its educational programs in addressing this issue.

Successful return and reunion programs will require attention over the long term, as well as a strong partnership at all levels between the various mental health arms of DoD, VA, and State agencies. DoD and VA need to provide family and individual counseling to address these unique issues. Opportunities for the entire family and for the couple to reconnect and bond must also be provided. Our Association has recognized this need and established family retreats under our *Operation Purple* program in the National Parks, promoting family reintegration following deployment.

Our Association is noticing a potential impact on the service member and their families during the two week R&R scheduled during a war related assignment. DoD's intent is to provide time for the service member to spend quality time with their family away from the everyday stress of war. However, families tell us that, even though they appreciate the time together, they find the experience can cause increased anxiety, disrupt a family that has already developed successful coping skills during deployment, and make it hard for the family to readjust and regain family balance after the service member has returned to war. Families lack important support mechanisms and resources on how to prepare for before, during, and after the two week R&R. Each family anticipates and handles the situation differently, but all say it is stressful. Our Association would like a study on the impact of the two week R&R on deployed families and the service member. This report will help identify what tools our families and service members need to be better prepared and determine if the program needs to be modified.

We recommend an extended outreach program to service members, veterans, and their families of available psychological health resources, such as DoD, VA, and State agencies.

We encourage Congress to request DoD to include families in its Psychological Health Support survey and perform a pre and post-deployment mental health screening on family members (similar to the PDHA and PDHRA currently being done for service members).

Our Association recommends the "inTransition" program be expanded to provide the same benefit to active duty family members.

We recommend the use of alternative treatment methods, such as telemental health; increasing mental health reimbursement rates for rural areas; modifying licensing requirements in order to remove geographic practice barriers that prevent mental health providers from participating in telemental health services; and educating civilian network mental health providers about our military culture.

We recommend Congress require a DoD report on the number of family members who have committed or attempted suicide.

We recommend Congress ask for a study to examine the impact the war is having on our MHS active duty providers and their families.

Wounded Service Members Have Wounded Families

Our Association asserts that behind every wounded service member and veteran is a wounded family. It is our belief the government, especially the DoD and VA, must take a more inclusive view of military and veterans' families. Those who have the responsibility to care for the wounded, ill, and injured service member must also consider the needs of the spouse, children, parents of single service members and their siblings, and the caregivers. DoD and VA need to think proactively as a team and one system, rather than separately; and addressing problems and implementing initiatives upstream while the service member is still on active duty status.

Reintegration programs become a key ingredient in the family's success. For the past three years, we have piloted our *Operation Purple® Healing Adventures* camp to help wounded, ill, and injured service members and their families learn to play again as a family. We hear from the families who participate in this camp, as well as others dealing with the recovery of their wounded service members, that, even with Congressional intervention and implementation of the Services' programs, many issues still create difficulties for them well into the recovery period. Families find themselves having to redefine their roles following the injury of the service member. They must learn how to parent and become a spouse/lover with an injury. Each member needs to understand the unique aspects the injury brings to the family unit. Parenting from a wheelchair brings a whole new challenge, especially when dealing with teenagers. Parents need opportunities to get together with other parents who are in similar situations and share their experiences and successful coping methods. Our Association believes all must focus on treating the whole family, with DoD and VA programs offering skill based training for coping, intervention, resiliency, and overcoming adversities. Injury interrupts the normal cycle of deployment and the reintegration process. DoD, the VA, and non-governmental organizations must provide opportunities for the entire family and for the couple to reconnect and bond, especially during the rehabilitation and recovery phases.

DoD and the VA must do more to work together both during the treatment phase and the wounded service member's transition to ease the family's burden. They must break down regulatory barriers to care and expand support through the Vet Centers the VA medical centers, and the community-based outpatient clinics (CBOCs). We recommend DoD partner with the VA to allow military families access to mental health services throughout the VA's entire network of care using the TRICARE benefit. Before expanding support services to families, however, VA facilities must establish a holistic, family-centered approach to care when

providing mental health counseling and programs to the wounded, ill, and injured service member or veteran.

We remain concerned about the transition of wounded, injured, and ill service members and their families from active duty status to that of the medically-retired. While we are grateful, DoD has proposed to exempt medically-retired service members, survivors, and their families from the TRICARE Prime enrollment fee increases, we believe wounded service members need even more assistance in their transition. We continue to recommend that a legislative change be made to create a three-year transition period in which medically-retired service members and their families would be treated as active duty family members in terms of TRICARE fees, benefits, and MTF access. This transition period would mirror that currently offered to surviving spouses and would allow the medically-retired time to adjust to their new status without having to adjust to a different level of TRICARE support.

Case Management

Our Association still finds families trying to navigate a variety of complex health care systems alone, trying to find the right combination of care. Our most seriously wounded, ill, and injured service members, veterans, and their families are often assigned multiple case managers. Families often wonder which one is the "right" case manager. We believe DoD and the VA must look at whether the multiple, layered case managers have streamlined the process or have only aggravated it. We know the goal is for a seamless transition of care between DoD and the VA. However, we continue to hear from families, whose service member is still on active duty and meets the Federal Recovery Coordinator (FRC) requirement, who have not been told FRCs exist or that the family qualifies for one. We are awaiting the Government Accountability Office's (GAO) FRC report to determine how that program is working in caring for our most seriously wounded, ill, and injured service members and veterans and what can be done to improve the case management process.

Caregivers of the Wounded

Caregivers need to be recognized for the important role they play in the care of their loved one. Without them, the quality of life of the wounded service members and veterans, such as physical, psycho-social, and mental health, would be significantly compromised. They are viewed as an invaluable resource to DoD and VA health care providers because they tend to the needs of the service members and the veterans on a regular basis. And, their daily involvement saves DoD, VA, and State agency health care dollars in the long run. Their long-term psychological care needs must be addressed. Caregivers of the severely wounded, ill, and injured service members who are now veterans have a long road ahead of them. In order to perform their job well, they will require access to mental health services.

The VA has made a strong effort in supporting veterans' caregivers. DoD should follow suit and expand its definition, which still does not align with P.L. 111-163. We appreciate the inclusion in FY10 NDAA of compensation for service members with assistance in everyday living and the refinement in FY11 NDAA. The VA recently released their VA Caregiver Implementation Plan. Our Association had the opportunity to testify at a recent House Veterans' Affairs Committee hearing *Implementation of Caregiver Assistance: Are we getting it right?* about our concerns related to the VA's caregiver implementation plan. We believe the VA is waiting too long to provide valuable resources to caregivers of our wounded, ill, and injured service members and veterans who had served in Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND). The intent of the law was to allow caregivers to receive value-added benefits in a timely manner in order to improve the caregiver's overall quality of life and train them to provide quality of care to their service member and veteran. The VA's interpretation also has the potential to impact the DoD's *Special Compensation for Service Members* law passed as part of FY10 NDAA and modified in FY11. The one

area of immediate concern is the potential gap in financial compensation when the service member transitions to veteran status. The VA's application process and caregiver validation process appear to be very time intensive. The DoD compensation benefit expires at 90-days following separation from active duty. Other concerns include:

- Narrower eligibility requirements than what the law intended;
- Lack of clarity concerning whether an illness is covered, such as cancer from a chemical exposure;
- Delay in the caregiver's receipt of health care benefits if currently uninsured, respite care, and training; and
- Exclusion of non-medical care from the VA's caregiver stipend.

The VA's decision to delay access to valuable training may force each Service to begin its own training program. Thus, each Service's training program will vary in its scope and practice and may not meet VA's training objectives. This disconnect could force the caregiver to undergo two different training programs in order to provide and care and receive benefits.

Our Association also believes the current laws do not go far enough. Compensation of caregivers should be a priority for DoD and the Secretary of Homeland Security. Non-medical care should be factored into DoD's compensation to service members. The goal is to create a seamless transition of caregiver benefit between DoD and the VA. We ask Congress to assist in meeting that responsibility.

The VA currently has eight caregiver assistance pilot programs to expand and improve health care education and provide needed training and resources for caregivers who assist disabled and aging veterans in their homes. DoD should evaluate these pilot programs to determine whether to adopt them for caregivers of service members still on active duty. Caregivers' responsibilities start while the service member is still on active duty.

Relocation Allowance and Housing for Medically-Retired Single Service Members

Active Duty service members and their spouses qualify through the DoD for military orders to move their household goods when they leave the military service. Medically retired service members are given a final PCS move. Medically retired married service members are allowed to move their family; however, medically retired single service members only qualify for moving their own personal goods.

Our Association suggests that legislation be passed to allow medically retired single service members the opportunity to have their caregiver's household goods moved as a part of the medical retired single service member's PCS move. This should be allowed for the qualified caregiver of the wounded service member and the caregiver's family (if warranted), such as a sibling who is married with children, or mom and dad. This would allow for the entire caregiver's family to move, not just the caregiver. The reason for the move is to allow the medically retired single service member the opportunity to relocate with their caregiver to an area offering the best medical care, rather than the current option that only allows for the medically retired single service member to move their belongings to where the caregiver currently resides. The current option may not be ideal because the area in which the caregiver lives may not be able to provide all the health care services required for treating and caring for the medically retired service member. Instead of trying to create the services in the area, a better solution may be to allow the medically retired service member, their caregiver, and the caregiver's family to relocate to an area where services already exist.

The decision on where to relocate for optimum care should be made with the FRC (case manager), the service member's medical physician, the service member, and the caregiver. All aspects of care for the medically retired service member and their caregiver shall be considered. These include a holistic

examination of the medically retired service member, the caregiver, and the caregiver's family for, but not limited to, their needs and opportunities for health care, employment, transportation, and education. The priority for the relocation should be where the best quality of services is readily available for the medically retired service member and his/her caregiver.

The consideration for a temporary partial shipment of caregiver's household goods may also be allowed, if deemed necessary by the case management team.

We ask Congress to allow medically-retired service members and their families to maintain the active duty family TRICARE benefit for a transition period of three years following the date of medical retirement, comparable to the benefit for surviving spouses.

Service members medically discharged from service and their family members should be allowed to continue for one year as active duty for TRICARE and then start the Continued Health Care Benefit Program (CHCBP) if needed.

Caregivers of the wounded, ill and injured must be provided with opportunities for training, compensation and other support programs because of the important role they play in the successful rehabilitation and care of the service member and veteran.

We request legislation authorizing medically retired single service members to have their caregiver's household goods moved as a part of their final PCS move.

Medical Power of Attorney

We have heard from caregivers of the difficult decisions they have to make over their loved one's bedside following an injury. We support the *Traumatic Brain Injury Task Force* recommendation for DoD to require each deploying service member to execute a Medical Power of Attorney and a Living Will.

DoD should require each deploying service member to execute a Medical Power of Attorney and a Living Will.

Senior Oversight Committee

Our Association is appreciative of the provision in the FY09 NDAA continuing the DoD and VA Senior Oversight Committee (SOC) until December 2010. The DoD established the Office of Wounded Warrior Care and Transition Policy to take over the SOC responsibilities. The Office has seen frequent leadership and staff changes and a narrowing of its mission. We urge Congress to put a mechanism in place to continue to monitor this Office for its responsibilities in maintaining DoD and VA's partnership and making sure joint initiatives create a seamless transition of services and benefits for our wounded, ill, and injured service members, veterans, their families, and caregivers.

Defense Centers of Excellence

A recent GAO report found the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury has been challenged by a mission that lacked clarity and by time-consuming hiring practices. Other DCoE have experienced a lack of adequate funding hampering their ability to hire adequate staff and begin to provide care for the patient population as they were created to address. These include the Vision Center of Excellence, Hearing Center of Excellence, and the Traumatic Extremity Injury and Amputation Center of Excellence. We recommend Congress immediately fund these Centers and require DoD to provide resources to effectively establish these Centers and meet DoD's definition of "world class" facilities.

Our Association encourages all Congressional Committees with jurisdiction over military personnel and veterans matters to talk on these important issues. Congress, DoD, and VA can no longer continue to create policies in a vacuum and focus on each agency separately because our wounded, ill, and injured service members and their families need seamless, coordinated support from each.

III. Family Transitions

Policies and programs must provide training and support for families during the many transitions military families experience. Quality education for spouses and children, financial literacy, and spouse career progression need attention. When families experience a life-changing event, they require a responsive system to support them. Our Nation must continue to ensure our surviving family members receive the support they deserve.

Survivors

The Services continue to improve their outreach to surviving families. In particular, the Army's SOS (Survivor Outreach Services) program makes an effort to remind these families they are not forgotten. We most appreciate the special consideration, sensitivity, and outreach to the families whose service members have committed suicide. We would like to acknowledge the work of the Tragedy Assistance Program for Survivors (TAPS) in this area as well. They have developed unique outreach to these families and held support conferences to help surviving family members navigate what is a very difficult time with many unanswered questions. DoD and the VA must work together to ensure surviving spouses and their children can receive the mental health services they need, through all of VA's venues. We believe Congress must grant authority to allow coverage of bereavement or grief counseling under the TRICARE behavioral health benefit. The goal is the right care at the right time for optimum treatment effect.

We thank Congress for extending the TRICARE Active Duty Dental benefit to all survivors for the first three years. Unfortunately, the TRICARE Management Activity has not yet fully implemented this coverage. We hope a gentle nudge from Congress may speed that process along.

Our Association recommends that grief counseling be more readily available to survivors as a TRICARE benefit.

We also ask that the TRICARE Management Activity implement the legislation that expanded eligibility for three years of the TRICARE Active Duty Dental Benefit to survivors who had not been enrolled in the TRICARE Dental Program prior to the service member's death.

Our Association still believes the benefit change that will provide the most significant long-term advantage to the financial security of all surviving families would be to end the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP). Ending this offset would correct an inequity that has existed for many years. Each payment serves a different purpose. The DIC is a special indemnity (compensation or insurance) payment paid by the VA to the survivor when the service member's service causes his or her death. The SBP annuity, paid by DoD, reflects the longevity of the service of the military member. It is ordinarily calculated at 55 percent of retired pay. Military retirees who elect SBP pay a portion of their retired pay to ensure that their family has a guaranteed income should the retiree die. If that retiree dies due to a service-connected disability, their survivor becomes eligible for DIC.

Surviving active duty spouses can make several choices, dependent upon their circumstances and the ages of their children. Because SBP is offset by the DIC payment, the spouse may choose to waive this

benefit and select the "child only" option. In this scenario, the spouse would receive the DIC payment and the children would receive the full SBP amount until each child turns 18 (23 if in college), as well as the individual child DIC until each child turns 18 (23 if in college). Once the children have left the house, this choice currently leaves the spouse with an annual income of $13,848, a significant drop in income from what the family had been earning while the service member was alive and on active duty. The percentage of loss is even greater for survivors whose service members served longer. Those who give their lives for their country deserve more fair compensation for their surviving spouses.

We believe several other adjustments could be made to the Survivor Benefit Plan. Allowing payment of the SBP benefits into a Special Needs Trust in cases of disabled beneficiaries will preserve their eligibility for income based support programs. The government should be able to switch SBP payments to children if a surviving spouse is convicted of complicity in the member's death.

We believe there needs to be DIC equity with other federal survivor benefits. Currently, DIC is set at $1,154 monthly (43% of the Disabled Retirees Compensation). Survivors of federal workers have their annuity set at 55% of their Disabled Retirees Compensation. Military survivors should receive 55% of VA Disability Compensation. We are pleased that the requirement for a report to assess the adequacy of DIC payments was included in the FY 2009 NDAA. We are awaiting the overdue report. We support raising DIC payments to 55% of VA Disability Compensation. When changes are made, we ask Congress to ensure that DIC eligibles under the old system receive an equivalent increase.

Imagine that you have just experienced the death of your spouse, a retired service member. In your grief, you navigate all the gates you must, fill out paperwork, notify all the offices required. Then, the overdrawn notices start showing up in your mailbox. Bills that you thought had been paid at the beginning of the month suddenly appear with "overdue" on them. Retirees are paid proactively, that is, they receive retired pay for the upcoming month i.e. on May 31st, a retiree receives retired pay for the month of June. Presently, the government has the authority to take back the full month's pay from the retiree's checking account when that retiree dies. Payment for the number of days the retiree was alive in the month is subsequently returned to the surviving spouse. The VA, on the other hand, allows the surviving spouse to keep the last month of disability pay. We applaud Congressman Walter Jones (R-NC/3rd) for introducing H.R. 493, which would allow the surviving spouse or family to keep the last month of retired pay to avoid financial penalties caused by the decrease of funds in a checking account.

We ask the DIC offset to SBP be eliminated to recognize the length of commitment and service of the career service member and spouse. We support H.R. 178 and S. 260, which both provide for that elimination.

We also request that SBP benefits be allowed to be paid to a Special Needs Trust in cases of disabled family members.

We ask that DIC be increased to 55% of VA Disability Compensation.

We support H.R. 493, "The Military Retiree Survivor Comfort Act", to provide for forgiveness of overpayments of retired pay paid to deceased retired members of the Armed Forces following their death.

Implementation of the Repeal of "Don't Ask, Don't Tell"

Our Association has long promoted the need for support of all families during deployments. Parents, siblings, and significant others need access to information about their loved ones and access to resources

while they undergo their own stresses and worries. Many family readiness groups have opened their arms to these non-ID card holding family members.

We hear from families of gay and lesbian service members that their loved ones have not sought these resources because of fear of disclosure. They deal with deployment alone without the support that military families take for granted and rely on. We hear from families about the children in these relationships, who many times can't let anyone know that Mommy or Daddy is deployed, and may not receive the extra support or counseling they may need.

We hope that the repeal of the "Don't Ask, Don't Tell" policy will help make resources and support available to all those who support their service member. We understand that eligibility for many benefits, including medical care, housing, and assignment preferences will not be extended to partners of service members because of Federal regulations. We ask that military family members be provided education and training to help them understand the implications of implementation and to help them separate fact from fiction.

We underscore the need for military family members to be provided with education and training to help them understand how the repeal of "Don't Ask, Don't Tell" is being implemented and to allay any misconceptions and concerns they may have.

Education of Military Children

Military families place a high value on the quality of their children's education. It is a leading factor in determining many important family decisions, such as volunteering for duty assignments, choosing to accompany the service member or staying behind, selecting where a family lives within their new community, deciding whether to spend their financial resources on private school, or considering homeschooling options. It can even impact a families' decision to remain in the Service.

Military families want quality education for their children just as their civilian counterparts do. It is important to remember that military families define "quality of education" differently. For military families, it is not enough for children to be doing well in their current schools, they must also be prepared for the next location. Most military children will move at least twice during their high school years and most will attend six to nine different schools between kindergarten and 12th grade. Although the *Interstate Compact on Educational Opportunity for Military Children* is helping to alleviate many of the transition issues our families face when moving, it does not address the quality of education in our schools. Though many of our civilian schools are already doing an excellent job of educating and supporting our military children, we believe military children deserve a quality education wherever they may live. That is why our Association has spent over forty years working to improve education for our military children and empowering parents to become their children's best advocate.

With more than 90 percent of military-connected students now attending civilian schools, our Association is pleased that the Department of Defense has completed a 90-day preliminary assessment of how to provide a world-class education for all of the 1.2 million school-aged children, not just those under the Department of Defense Education Activity's (DoDEA) purview. Our Association was invited by Dr. Clifford L. Stanley, Under Secretary of Defense for Personnel and Readiness, to participate in the Education Review Debriefing and to offer our insights on the way ahead. We look forward to the final report and to working with DoD to support its implementation. We thank the Department of Defense for the educational support programs already available to military children, such as the tutoring program for deployed service

member families, and DoDEA's virtual high schools. Our Association believes these programs are making a difference and would be beneficial to all military families.

We were also pleased the President's landmark directive, "Strengthening Our Military Families," listed as one of its top priorities the need to ensure excellence in military children's education and their development. We greatly appreciate the Department of Education committing to making military families one of its priorities for its discretionary grant programs and for including our Association as a military stakeholder in finding ways to strengthen military families within the Reauthorization of the Elementary and Secondary Education Act.

Our Association thanks Congress for providing additional funding to civilian school districts educating military children through DoDEA's Educational Partnership Grant Program. We are aware that DoDEA's expanded authority to shares its expertise, experience and resources to assist military children during transitions, to sharpen the expertise of teachers and administrators in meeting the needs of military children, and to provide assistance to local education agencies on deployment support for military children is set to expire in 2013. We ask Congress to extend this authority.

We strongly urge Congress to ensure it is providing appropriate and timely funding of Impact Aid through the Department of Education. We also ask that you allow school districts experiencing high levels of growth, due to military base realignment, to apply for Impact Aid funds using current student enrollment numbers rather than the previous year. In addition, we call on Congress to increase DoD Impact Aid funding for schools educating large numbers of military connected students. Our Association has long believed that both Impact Aid programs are critical to ensuring that school districts can provide quality education for our military children.

We ask Congress to increase the DoD supplement to Impact Aid and to allow school districts experiencing high growth due to base realignments to apply for Impact Aid funds using current student enrollment numbers. We also ask Congress to extend DoDEA's expanded authority.

Voting Support for Military Service Members and their Families

Our Association thanks Congress for continuing to shine a light on the need to protect and improve absentee voting rights for military families. The passage of the *Military and Overseas Voter Empowerment (MOVE) Act of 2009* was a tremendous victory for our military community. The recent hearing held by the Committee on House Administration to evaluate the effectiveness of the MOVE Act in the 2010 elections demonstrates the ongoing commitment of Congress to upholding voting rights for military personnel serving overseas. Our Association greatly appreciates this effort. In addition, we want to stress the importance of remembering that military service members and their families often vote by absentee ballot while stationed within the United States. It is not uncommon for military families to be living in one duty location with the service member and spouse each voting in a separate state, further complicating the absentee voting process.

As a member of The Military Coalition (TMC) and the Alliance for Military and Overseas Voting Rights (AMOVR), our Association was instrumental in helping to pass the MOVE Act. It was an important step toward alleviating many of the voting issues faced by military families. However, individual state attempts to comply have not been completely effective in overcoming these difficulties. Furthermore, the MOVE Act did not encompass state and local elections. We are currently working with the Uniformed Law Commission and the Department of Defense State Liaison Office to support the passage of the *Uniform Military and Overseas Voters Act* (UMOVA) in the states, to provide a state solution for military families and overseas voters. This legislation would assist states in meeting the statutory mandates of the MOVE Act and

expand these important protections and benefits to cover state and local elections. Our Association is encouraging state legislatures to build on Federal efforts by adopting UMOVA.

Spouse Education and Employment

We are pleased the NDAA FY11 calls for a report on military spouse education programs. Our recent surveys and feedback we have received from military families indicates they appreciate in-state tuition and the Post 9/11 G. I. Bill transferability. Our Association would like to thank Congress for the enhancements made to the Post 9/11 G.I. Bill last session. We are especially pleased that spouses of active duty service members are now eligible for the book stipend and the authority to grant transferability has been extended to families of the Commissioned Corps of NOAA and the U.S. Public Health Service.

DoD's most-cited program success for military spouses is the Military Spouse Career Advance Account (MyCAA) – in its original form. In October 2010, MyCAA was significant revised and seasoned spouses who are no longer eligible feel their education pursuits are not supported by the Department of Defense. Many military spouses delay their education to support the service member's career. Since 2004, our Association has been fortunate to sponsor our Joanne Holbrook Patton Military Spouse Scholarship Program, with the generosity of donors who wish to help military families. Of particular interest, 33.5 percent of applicants from our 2011 scholarship applicant pool stated their education was interrupted because of the military lifestyle (frequent moves, TDYs, moving expenses, etc.) and 12.2 percent of those directly attributed the interruption to deployment of the service member. Military spouses remain committed to their education and need assistance from Congress to fulfill their educational pursuits. We ask Congress to push DoD to fully reinstate the MyCAA program to include all military spouses, regardless of their service member's rank and to ensure the funding is available for this reinstatement. We also ask Congress to work with the appropriate Service Secretaries to extend the MyCAA program to spouses of the Coast Guard, the Commissioned Corps of NOAA, and the U.S. Public Health Service.

The FY11 NDAA report on military spouse education programs only addresses one aspect – education. In order to determine if the education programs are working, we recommend a report on spouse employment programs. The NDAA FY10 created a pilot program to secure internships for military spouses with federal agencies. Funding for the program continues through Fiscal Year 2011. A report on military spouse employment programs should include an assessment of the military spouse federal internship program. Military spouses want more federal employment opportunities. Should the pilot become a permanent program? We urge Congress to monitor the pilot to ensure spouses are able to access the program and eligible spouses are able to find federal employment after successful completion of the internship. Our Association recommends Congress requests a report on military spouse employment programs.

To further spouse employment opportunities, we recommend an expansion to the Work Opportunity Tax Credit for employers who hire spouses of active duty and reserve component service members as proposed through the *Military Spouse Employment Act, H.R. 687.* This employer tax credit is one way to encourage corporate America to hire military spouses.

We also recommend providing a tax credit to military spouses to offset the expense of obtaining a career license or credential when the service member is relocated to a new duty station. Military spouses are financially disadvantaged by government ordered moves when they are required to obtain a career license in a new state to practice in their profession. Many military spouses must maintain a career license in multiple states, costing hundreds of dollars. For example, a pharmacist can only reciprocate to another state from their original license, which requires a military spouse pharmacist to maintain a license in more than one state. When our Association asked military spouses to share their employment challenges with us, a military

spouse of 26 years stated, *"The very most frustrating part about the process, is that obtaining a license does not guarantee that I will find employment. I have been licensed in [Kentucky] for a full year and in that time have gotten ONE six-hour shift of work. That one shift does not even begin to recover the expense of obtaining my license here."* We recommend that Congress pass the *Military Spouse Job Continuity Act* or similar legislation to reduce the financial barrier licensed military spouses must overcome with each move in order to find employment.

Our Association urges Congress to recognize the value of military spouses by fully funding the MyCAA program for all military spouses, expand the Work Opportunity Tax Credit to include military spouses, and provide a tax credit to offset state license and credential fees.

Support for Special Needs Families

The NDAA FY10 established the Office of Community Support for Military Families with Special Needs to enhance and improve DoD support around the world for military families with special needs, whether medical or educational. Our Association remains concerned that the Office has not received the proper resources to address the medical, educational, relocation, and family support resources our special needs families often require. This Office must address these various needs in a holistic manner in order to effectively implement change. The original intent of the legislation was to have the office reside in the office of the Under Secretary of Defense for Personnel and Readiness in order to bring together all entities having responsibility for the medical, educational, relocation, and family support needs of special needs military family member. At present, however, the office comes under the jurisdiction of the Deputy Assistant Secretary of Defense for Military Community and Family Policy.

Case management for military beneficiaries with special needs is not consistent across the Services or the TRICARE Regions because the coordination care for the military family is being done by a non-synergistic health care system. Beneficiaries try to obtain an appointment and then find themselves getting partial health care within the MTF, while other health care is referred out into the purchased care network. Thus, military families end up managing their own care. Incongruence in the case management process becomes more apparent when military family members transfer from one TRICARE Region to another and when transferring within the same TRICARE Region. This incongruence is further exacerbated when a special needs family member is involved and they require not only medical intervention, but non-medical care as well. Families need a seamless transition and a warm hand-off between and within TRICARE Regions and a universal case management process across the MHS. Each TRICARE Managed Care Support Contractor (MCSC) has created different case management processes. TRICARE leaders must work closely with their family support counterparts through the Office of Community Support for Military Families with Special Needs to develop a coordinated case management system that takes into account other military and community resources.

We applaud the attention Congress and DoD have given to our special needs family members in the past two years and their desire to create robust health care, educational, and family support services for special needs family members. But, these robust services do not follow them when they retire. We encourage the Services to allow these military families the opportunity to have their final duty station be in an area of their choice, preferably in the same state in which they plan to live after the service member retires, to enable them to begin the process of becoming eligible for state and local services while still on active duty. We also suggest the Extended Care Health Option (ECHO) be extended for one year after retirement for those family members already enrolled in ECHO prior to retirement. More importantly, our Association recommends if the ECHO program is extended, it must be for all who are eligible for the program because we should not create a different benefit simply based on medical diagnosis.

The Office of Community Support is beginning a study on Medicaid availability for special needs military family members. Our Association is anxiously awaiting this report's findings. We will be especially interested in the types of value-added services individual State Medicaid waivers offer their enrollees and whether state budget difficulties are making it more difficult for military families to qualify for and participate in waiver programs. This information will provide yet another avenue to identify additional services ECHO may include in order to help address our families' frequent moves and their inability to often qualify for these additional value-added benefits in a timely manner.

There has been discussion over the past several years by Congress and military families regarding the ECHO program. The ECHO program was originally designed to allow military families with special needs to receive additional services to offset their lack of eligibility for state or federally provided services impacted by frequent moves. We suggest that before making any more adjustments to the ECHO program, Congress should request a GAO report to determine if the ECHO program is working as it was originally designed and if it has been effective in addressing the needs of this population. We also hear from our ECHO eligible families that they could benefit from additional programs and health care services to address their special needs. We request a DoD pilot study to identify what additional service(s), if any, our special needs families need to improve their quality of life, such as cooling vests, diapers, and some nutritional supplements. We recommend families have access to $3,000 of additional funds to purchase self-selected items, programs, and/or services not already covered by ECHO. DoD would be required to authorize each purchase to verify the requested item, program, or service is appropriate. The pilot study will identify gaps in coverage and provide DoD and Congress with a list of possible extra ECHO benefits for special needs families. We need to make the right fixes so we can be assured we apply the correct solutions. Our Association believes the Medicaid waiver report, the GAO report, along with the pilot study will provide DoD and Congress with the valuable information needed to determine if the ECHO program needs to be modified in order to provide the right level of extra coverage for our special needs families. We also recommend a report examining the impact of the war on special needs military families.

We ask Congress to request a GAO report to determine if the ECHO program is working as it was originally designed and if it has been effective in addressing the needs of this population.

We request a DoD pilot study to identify what additional service(s), if any, our special needs families need to improve their quality of life.

We also recommend a report examining the impact of the war on our special needs families.

Families on the Move

A Permanent Change of Station (PCS) move to an overseas location can be especially stressful for our families. Military families are faced with the prospect of being thousands of miles from extended family and living in a foreign culture. At many overseas locations, there are insufficient numbers of government quarters resulting in the requirement to live on the local economy away from the installation. Family members in these situations can feel extremely isolated; for some the only connection to anything familiar is the local military installation. Unfortunately, current law permits the shipment of only one vehicle to an overseas location, including Alaska and Hawaii. Since most families today have two vehicles, they sell one of the vehicles.

Upon arriving at the new duty station, the service member requires transportation to and from the place of duty leaving the military spouse and family members at home without transportation. This lack of transportation limits the ability of spouses to secure employment and the ability of children to participate in extracurricular activities. While the purchase of a second vehicle alleviates these issues, it also results in

significant expense while the family is already absorbing other costs associated with a move. Simply permitting the shipment of a second vehicle at government expense could alleviate this expense and acknowledge the needs of today's military family.

Travel allowances and reimbursement rates have not kept pace with the out-of-pocket costs associated with today's moves. In a recent PCS survey conducted by our Association, more than 50% of survey respondents identified uncovered expenses related to the move as their top moving challenge. Military families are authorized 10 days for a housing hunting trip, but the cost for trip is the responsibility of the service member. Families with two vehicles may ship one vehicle and travel together in the second vehicle. The vehicle will be shipped at the service member's expense and then the service member will be reimbursed funds not used to drive the second vehicle to help offset the cost of shipping it. Or, families may drive both vehicles and receive reimbursement provided by the Monetary Allowance in Lieu of Transportation (MALT) rate. MALT is not intended to reimburse for all costs of operating a car but is payment in lieu of transportation on a commercial carrier. Yet, a TDY mileage rate considers the fixed and variable costs to operate a vehicle. Travel allowances and reimbursement rates should be brought in line with the actually out-of-pocket costs borne by military families.

Our Association supports the *Service Members Permanent Change of Station Relief Act*, S. 472 and believes it will reduce some of the additional moving expenses incurred by many military families.

Our Association requests that Congress authorize the shipment of a second vehicle to an overseas location (at least Alaska and Hawaii) on accompanied tours, and that Congress address the out-of-pocket expenses military families bear for government ordered moves.

Former Spouses

On September 10, 2001, DoD released a report containing recommendations for improvements to the Uniformed Services Former Spouse Protection Act (USFSPA). While Congress has addressed one or two of the recommendations from the report in the ensuing 10 years, none of them have been passed. We endorse the TMC recommendation for a hearing on this important issue.

We have also heard from a number of spouses who have been abandoned physically and financially. There can be many reasons for this, some related to behavioral health, some to inability of the families to reintegrate after many deployments. We intend to pursue this issue with DoD and the Services since it appears not to need a legislative fix. However, we do feel it is important enough to mention as a symptom of how our families and marriages are suffering after 10 years of war.

Our Association recommends that legislative action be taken to implement recommendations of the DoD Report on the Uniformed Services Former Spouse Protection Act including:

- ***Base the award amount to the former spouse on the grade and years of service of the member at time of divorce (not time of retirement);***
- ***Prohibit the award of imputed income while on active duty, which effectively forces active duty members into retirement;***
- ***Extend 20/20/20 benefits to 20/20/15 former spouses;***
- ***Permit the designation of multiple Survivor Benefit Plan (SBP) beneficiaries with the presumption that SBP benefits must be proportionate to the allocation of retired pay;***
- ***Eliminate the "10-year Rule" for the direct payment of retired pay allocations by the Defense Finance and Accounting Service (DFAS);***
- ***Permit SBP premiums to be withheld from the former spouse's share of retired pay if directed by court order;***
- ***Permit a former spouse to waive SBP coverage;***

- *Repeal the one-year deemed election requirement for SBP; and*
- *Assist DoD and the Services with greater outreach and expanded awareness to members and former spouses of their rights, responsibilities, and benefits upon divorce.*

Military Families – Our Nation's Families

Military families have been supporting their warriors in time of war for 10 years. DoD and the military Services, with the help and guidance of Congress have developed programs and policies to respond to their changing and developing needs over this time. Families have come to rely on this support. They appreciate the spotlight of recognition that has been shone on their experience by the First Lady and Dr. Biden. They are heartened by the new sense of cooperation between government agencies in coordinating support. They know that it is up to them to make use of the tools and programs provided to become more resilient with each deployment. Congress provides the authorization and funding for these tools and programs. Even in a time of austere budgets, our Nation needs to sustain this support in order to maintain readiness. Our military families deserve no less.